

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040975

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 541Registrar's No. 3005

FILED OCT 26 1962

VS 300
Rev. 4/59

14662

24008

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4 0

5 0

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7 1

8 2

9 9020

10 12

11 400

12 92-3

13

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH

a. COUNTY St. Louisb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ClaytonLength of stay in 1b
D.O.A.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Louis County Hosp.Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before
a. STATE Mo. b. COUNTY St. Louis admission)c. CITY
OR
TOWN OverlandInside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)
2225 HoodReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ThomasA.Clapp4. DATE
OF
DEATH

Month

Day

Year

10-16-62

5. SEX

Male

6. COLOR OR RACE

White7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-11-1898

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Diswood, Ill.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Sidney Clapp

13b. MOTHER'S MAIDEN NAME

Julia Honey

14. NAME OF HUSBAND OR WIFE

None15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Fern Simmons2225 Hood18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Broken neckINTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fell from roof of porch while in process
of trimming a tree20c. TIME OF
INJURY
5:55Hour
30X
p.m.Month, Day, Year
10/16/6220d. INJURY OCCURRED
WHILE AT WORK ☒
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)
porch roof of residence

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

Bel-Ridge St. Louis Missouri

21. I attended the deceased from _____, to _____ and last saw her alive on _____

Death occurred at DOA 6:05 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Coroner

22b. ADDRESS

Clayton, Missouri

22c. DATE SIGNED

10/20/6223a. BURIAL, CREMATION
REMOVAL (Specify)Burial

23b. DATE

10-19-62

23c. NAME OF CEMETERY OR CREMATORY

Laurel Hill

23d. LOCATION (City, town, or county)

(State)

St. Louis County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Earl Hilleman Overland 14, Mo.

25. DATE RECD. BY LOCAL REG.

10-18-62

26. REGISTRAR'S SIGNATURE

John C. Murphy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carl E. Hilleman

Licensed Embalmer No. 3501

P. O. Address Oscelanta, Ind

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.